

**TAMALA HOLLAND**  
**PARALEGAL SPECIALIST**  
**DESIGNATED OFFICE**  
**(202) 707-5463**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51			
2		/				52			
3		/				53			
4		/				54			
5		/				55			
6		/				56			
7		/				57			
8	(1)	(1)				58			
9	(1)	(1)				59			
10	(1)	(1)				60			
11	(1)	(1)				61			
12	/	/				62			
13	/	/				63			
14	/	/				64			
15	/	/				65			
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46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.		/							
TOTAL DEP.		17							
TOTAL CLAIMS		18							

TO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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